FIGURE Showing the plungers of various syringes. A) Loss of resistance syringe (Portex); B) disposable plastic syringe; C) glass syringe.

prepackaged syringe, for instance blue in the Portex epidural set with both horizontal and vertical flanges (in contrast to vertical flanges only or a smooth plunger) can avoid confusion between syringes (Figure). The feel and weight of the loss of resistance syringe with free and consistent movement of the plunger are well discernable to the experienced hand. One may preferably use such dedicated syringes for neuraxial drug administration. Further, once the syringe is filled with the local anesthetic solution, it should preferably be attached to the Luer lock connector on the epidural catheter rather than kept along with the other syringes containing drugs intended for parenteral administration. Alternatively, syringes containing local anesthetics may be kept along with the Luer lock adaptor in a sterile drape, beside the patient.

Such simple measures may hopefully, help avoid accidental *iv* injections of local anesthetics.

Rajesh Mahajan MD
Jammu, India

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REPLY:

I agree with Dr. Mahajan that careful labelling of syringes is not sufficient. The use of pre-printed labels with colour codes is an important measure to limit drug confusion. For example, a grey colour code could be used for local anesthetics (Time Med labelling systems®, Burr Ridge, IL, USA). A colour code is a visual alarm to avoid syringe swaps.

*I also concur with the recommendation to use 10-mL distinct syringes for neuraxial drug administration. However, the use of these 10-mL specific syringes is uncomfortable for peripheral blocks when 20 to 40 mL volumes are injected. I propose the use of 30-mL Luer-lock syringes for such blocks: 20 to 30 mL injection volumes are common and 30-mL Luer lock syringes are not frequently used for other purposes (in France). Careful incremental injections with repeated aspiration tests are primordial. In our case report,¹ 20-mL syringes were prepared for postoperative analgesia. The contents of one syringe were injected *iv* accidentally. If a colour code or a 30-mL syringe had been used, we may, hopefully, not have had to treat the dramatic consequences of this *iv* injection of 20 mL of 0.375% bupivacaine + 15 µg clonidine.*

Jean-Christophe Favier MD
Laurent Allanic MD
Metz Armées, France

Reference

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Choosing a laryngoscope blade: straight vs curved

To the Editor:

Whilst we are impressed that Arino *et al.*¹ recruited and randomized 500 subjects for a study comparing direct laryngoscopy using five different laryngoscopes by a single operator, we question their conclusion that